

ABSTRACT

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AN EXPLORATORY STUDY OF THE LEVELS OF SELF-ESTEEM OF ADOLESCENTS RECEIVING RESIDENTIAL TREATMENT

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The overall objective of this exploratory study is to clarify and expound on the different levels of self-esteem of adolescents receiving residential treatment. To achieve this objective, the following determinants were addressed by the researcher: (1) Depressed Affects (2) Suicidal Ideations (3) Juvenile Delinquency (4) Child Abuse. The study involved thirty adolescents (male and female), ranging between the ages of twelve and under eighteen. These participants reside at Charter Behavioral Health Systems at Laurel Heights Hospital. The Index of Self-Esteem (ISE) questionnaire designed by Walter Hudson was administered to the participants.

The study was an attempt to provide clarity and expansion of the levels of self-esteem of adolescents receiving residential treatment. The results indicated no significant statistical difference in levels of self-esteem of the adolescents receiving residential treatment.

AN EXPLORATORY STUDY OF THE LEVELS OF SELF-ESTEEM OF
ADOLESCENTS RECEIVING RESIDENTIAL TREATMENT

A THESIS

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENT.....	ii
LIST OF TABLES.....	iv
 Chapter	
I. INTRODUCTION.....	1
Statement of the Problem.....	7
Significance/Purpose of the Study.....	8
II. REVIEW OF THE LITERATURE.....	11
Theoretical Framework.....	21
Statement of the Hypothesis.....	22
Definition of Terms.....	22
III. METHODOLOGY.....	24
Research Design.....	24
Sampling.....	24
Data Collection.....	25
Data Analysis.....	25
IV. PRESENTATION OF RESULTS.....	26
V. SUMMARY AND CONCLUSION.....	43
Limitations of the Study.....	44
Suggested Research Directions.....	44
Implicaton For Social Work.....	44
 APPENDIX	
A. Index of Self-Esteem Questionnaire (ISE).....	45
BIBLIOGRAPHY.....	46

LIST OF TABLES

Table	Page
1. People would not like me.....	26
2. Others get along better than I do.....	27
3. Feel that I am beautiful.....	27
4. When I am with other people.....	28
5. People really like to talk to me.....	29
6. I am a very competent person.....	29
7. Make a good impression on others.....	30
8. Need more self-confidence.....	31
9. Nervous with strangers.....	32
10. A dull person.....	32
11. I feel ugly.....	33
12. Others have more fun than I do.....	33
13. I bore people.....	34
14. Friends find me interesting.....	35
15. Good sense of humor.....	35
16. Self-conscious with strangers.....	36
17. Could be like other people.....	36
18. Good time with me.....	37
19. Wallflower when I go out.....	38
20. Get pushed around more than others.....	38
21. I am a nice person.....	39
22. People like me very much.....	39
23. I am a likeable person.....	40

Table	Page
24. Afraid to appear foolish to others.....	40
25. Friends think highly of me.....	41
26. Gender.....	41
27. Age.....	42

CHAPTER ONE

INTRODUCTION

This research study seeks to explore, identify, and provide further clarification and expansion on social work knowledge on the different levels of self-esteem of adolescents in residential treatment. A large number of adolescents living in residential treatment have reported depressed affects, suicidal ideations, juvenile delinquency and child abuse which are a few of the determinant factors in the level of self-esteem in children and adolescents.

Currently, over 400,000 children and adolescents live in residential facilities such as treatment centers, detention homes, youth correctional facilities, and centers for the mentally retarded and developmentally disabled; at least an additional 400,000 children and adolescents live in foster homes.¹

Adolescents with low self-esteem suffer from one of the determinant factors mentioned above. In 1988, arrest of people under 18 years of age accounted for 28 percent of all crimes.² Juveniles accounted for over 1 out of every 3

¹S.A. Harrell and R.C. Orem, (1980) "Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions." (Washington, D.C.: U.S. Department of Health and Human Services; Office of Human Development Services.

²Robert Carson and James Butcher, Abnormal Psychology and Modern Life. (New York: Harper-Collins Publishers, Inc., 1992), 546.

arrests for robbery, rape and murder. A Department of Health and Human Services Report indicated that the number of children and adolescents reported as abused and neglected rose 64 percent from 1980 to 1988, or an astounding total of 2.2 million cases of childhood maltreatment reported in 1988.³ Millions of adolescents suffer from depression. For some of those adolescents, suicide becomes the selected option. Suicide is the third leading cause of death for adolescents, an increase of 300 percent over the last 30 years. In 1987, more than 5,000 young people between the ages of 15 and 24 committed suicide-an average of 13 a day.⁴

A positive attitude toward self, or self-esteem has long been considered a major objective of mental health programs. Yolom states that all individuals seeking assistance from the mental health arena have two problems in common: (1) A difficulty in establishing and maintaining meaningful interpersonal relationships and; (2) A difficulty in maintaining a sense of personal worth (self-esteem).⁵ If this is true, then self-esteem should be incorporated into treatment facilities assisting disturbed individuals especially adolescents.

³Ibid., 563.

⁴Cynthia Pfeffer, "The Suicidal Child." (New York: The Guilford Press, 1986).

⁵R. Reasoner, Building Self-Esteem. (Palto Alto: Consulting Psychologists Press, 1982), 76.

Self-esteem is your opinion about yourself. It is one of the most important parts in your life because your self-esteem enables you to stand strong and firm under the heartbreak of a cruel world without collapse. Your self-esteem depends upon how your image of your real self compares with your idealized vision of what you would like to be. If you lack sufficiently strong self-esteem, you operate with a handicap. It's bad enough if everyone believes you're useless, but if you think so, too, life can become unbearable.⁶

An individual who follows a destructive course in their lifestyle have not regulated the activities of the mind positively. Therefore, suffering from poor self-esteem. It is obvious that many of the teenage delinquents and drug abusers suffer from a negative self-image.

Most of the adolescents in residential treatment facilities would be good candidates for hospital admission or training schools if treatment facilities were not available. For some adolescents, this therapeutic community must is slightly less restrictive. It is setting the first step toward individual living. The therapeutic community must provide the patients with the kinds of behavior that will be expected of them as participating members of society.

⁶D. Dawn, Increasing Your Self-Esteem: How to Feel Better About Yourself. (Illinois: Waveland Press, Inc., 1980), 2.

One of the primary staffing functions is to maintain the structure within the therapeutic community. The patients, in turn, act as facilitators to each other's growth within the social environment. The entire process and network is called social therapy. There are three general therapeutic principles to guide the milieu approach to treatment:

- (1) Staff expectations are clearly communicated to patients. Both positive and negative feedback are used to encourage appropriate verbalizations and actions on the part of the patient.
- (2) Patients are encouraged to become involved in all decisions made and all actions taken concerning them. A do-it-yourself attitude prevails.
- (3) All patients belong to social groups on the unit. The experience of group cohesiveness gives the patients support and encourage, and the related process of group pressure helps exert control over their behavior.⁷

Self-esteem is formed gradually over time and is not the product of choices of a single event or moment. The collapse of self-esteem does not occur in a day, but it is the result of a long succession of defaults, evasions, and irrationalities; a succession of failure to use one's mind properly. Self-esteem is the reputation an individual acquires within himself. Confidence in oneself and one's own judgement makes one willing to behave in an autonomous fashion, independent of the expectations and influences of others.

From the time that a child acquires the capacity for conceptual functioning, he becomes increasingly aware of his

⁷A. Ellis and R. Harper, A Guide to Rational Living. (CAL: Wilshire Book Company, 1976), 96.

responsibility for regulating his mind's activity.⁸ To maintain that level of awareness, he must generate directed mental effort. He acquires the ability to discriminate between a state of mental focus and a state of mental fog and choose one state or the other. An individual who follows a destructive course in their lifestyle has not regulated his or her mind's activity and may suffer from poor self-esteem.

Parental feedback is the primary source of information used by children as they begin to form a picture of who they are.⁹ In a warm, empathetic, and structured environment, children are likely to develop feelings of personal worth and self-acceptance.¹⁰ In a home environment lacking in empathy or communication, children are apt to develop feelings of insignificance as a result of being deprived of positive parental feedback.¹¹ When this internal picture is equated with worthlessness, or a negative self-image, a larger societal problem could result. Obviously, many of the

⁸Virginia Satir, "Self-Worth: The Pot that Nobody Watches." Etcetera. 1970, Vol. 12, 63.

⁹L. Buscaglia, Living, Loving, and Learning. (New York: Holt, Rinehart, and Winston, 1982), 429.

¹⁰F. Spicer, Adolescence and Stress. (London: Forbes Publication, 1977), 101.

¹¹R. Baumeiser, Self-Esteem: The Puzzle of Low Self-Regard. (New York: Plenum Press, 1993), 75.

delinquent and drug abusing adolescents, who make up a large portion of our environment, suffer from a negative self-image.¹²

Self-esteem is the integrated sum of self-confidence and self-respect. Self-confidence is the conviction that one is competent to think, to judge, and to know, and that one is committed to being in total contact with reality.

Self-respect is a standard by which every human being judges himself. To the extent that he fails to satisfy this standard, his sense of personal worth suffers accordingly.

An important concomitant of self-esteem is the clarity of the self-concept. Self-concept is broadly defined as an organized schema that contains episodic and semantic memories about the self and controls the processing self-relevant information.¹³ The term self-concept can be used when making a theoretical distinction between self knowledge ("Who Am I?") and self-evaluation (How do I feel about who I am?). This refers to the belief that an individual holds about his or her attributes.

Another component in examining self-esteem is self regulation. Self-regulation occurs when behavior is guided more by internal standards and expectations than by situational contingencies, cues, or guides. The attainment of

¹²Ibid., 77.

¹³Stantly Coopersmith, The Antecedents of Self-Esteem. (San Francisco: W.H. Freeman, 1967), 25.

goals and keeping of commitments depends upon an accurate knowledge of personal abilities and setting of realistic goals. Overestimating or underestimating one's abilities can impede self-regulation. Setting goals that are far beyond one's abilities almost guarantees failure. On the other hand, society encourages individuals to strive for superhuman proficiency, and history records many instances of individuals actually achieving what appeared to be objectively impossible. White notes that many eminent individuals display a resilient sense of self, that appears impervious to rejection and Bandura notes that many famous artists and musicians encountered years of criticism and failure before finally getting acclaim.¹⁴ ¹⁵ Yet not all who follow this course succeed.

STATEMENT OF THE PROBLEM

Self-esteem has great significance-personally, socially, and psychologically. The problem is that so little is known about the conditions and experiences that enhance or lessen self-esteem.

In addressing the question of why one should care about self-esteem, it was noted that low self-esteem individuals are critically at risk for depressive reactions, including

¹⁴R. Baumeister, Self-Esteem: The Puzzle of Low Self-Regard. (New York: Plenum Press, 1993), 103.

¹⁵Ibid., 103.

suicidal ideations.¹⁶ Both constitute a major mental health threat to our adolescents.

Changes in the determinants of self-esteem produce corresponding changes in self-esteem. Although change appears challenging for those with exceedingly low self-esteem, there is more potential for enhancement among those with moderately low self-esteem, to the extent that the competence/importance discrepancy can be reduced and more self-enhancing approval can be provided. Thus, a theory based model holds promise as a framework within which both are to understand and possibly to alter the life threatening low self-esteem that plagues many of our adolescents.

SIGNIFICANCE AND PURPOSE OF THE STUDY

The purpose of this study is to recognize that many adolescents suffer from low self-esteem for numerous different reasons regardless of structured home environments, external stimuli (positive or negative) and economic status. Research has shown that lacking high self-esteem increases susceptibility to external influences. Residential treatment facilities assisting adolescents with maladaptive behaviors integrate self-worth into their program. As goal for rehabilitation, by repairing self-esteem, it is believed that the maladaptive behavior patterns will be eliminated because the adolescent has rejuvenated sense of self-worth.

¹⁶D. Dawn, Increasing Your Self-Esteem: How to Feel Better About Yourself. (Illinois: Waveland Press, Inc., 1980), 11.

Research is abundant relating to self-esteem. The significance of the study is for social workers to be aware of the underlying issues of self-esteem due to the many avenues to be considered. The distinctions as to the quality as well as the quantity of self-esteem and the value terms applied to positive and negative self-esteem has great relevance pertaining to the variable. Social workers work with adolescents on a day-to-day basis. Therefore, as a part of the treatment model, it is imperative that social workers are able to recognize when adolescents have low self-esteem. It is also significant for social workers to know more about self-esteem and its determinants so that self-esteem can be incorporated into treatment to raise its levels in adolescents. The qualitative distinctions made in reference to self-esteem reflects uncertainties as to how esteem is expressed, and whether it is genuine in its expression.¹⁷ Individuals may attempt to present a confident and assured facade, but the investigator must decide whether the expression is genuine or not.

When applying value to positive or negative self-esteem, one associates positive self-esteem with self-respect, pride, self-acceptance and narcissism and negative self-esteem is often equated with inferiority, timidity and self hatred. Each of these various usages carries connotations of others.

¹⁷I. Yolom, The Theory and Practice of Group Psychotherapy. (New York: Ballantine Books, 1975), 88.

The positive and negative values attributed to any given level of self-esteem appear to represent personal values and convictions rather than objective, established data.

CHAPTER TWO

REVIEW OF THE LITERATURE

Self-Esteem

Self-esteem has shown to have a pervasive and powerful impact on human cognition, motivation, emotion and behavior. Demonstrated through research, self-esteem effects such diverse areas as competition, conformity, attraction, causal attribution, achievement, helping and coping with stressful life events.^{1 2 3}

Despite decades of empirical and theoretical activity, little consensus has been achieved with regard to the locus of these effects. In particular, there is still considerable debate surrounding the specific characteristics of people low in self-esteem that somehow cause them to respond in ways that are often detrimental to their psychological well-being.⁴ Whereas people with high self-esteem have positive, well articulated views of self, the prototypical person low in self-esteem does not, in contrast, they have a well-defined negative view of themselves. The self-views of low self-esteem individuals are in fact characterized by high levels of uncertainty, instability, and inconsistency.

¹M. Rosenbert, Society and the Adolescent Self-Image. (Princeton: Princeton Univ. Press, 1965), 91.

²Ibid., 91.

³Ibid., 91.

⁴J. Horrocks, The Psychology of Adolescents. 3rd ed., (Boston: Houghton Mifflin Company, 1969), 141.

Virginia Satir states that self-esteem is a learned phenomena and the family environment is where it is learned.⁵ She believes that high and low levels of self-worth are created in the environment of the home. Satir feels that a negative family environment causes a child to fear. Fear, therefore, is a consequence of distrust and isolation and gives rise to self-defeating behaviors. Such is the case of the child who act out delinquently. Low self-esteem is the antecedent factor.

Erikson states that self-esteem is the result of the child's perception that his maturing skills and traits confer a certain status which provides that basis for a firm sense of identity. Self-esteem gradually grows into a conviction that the ego is capable of integrating effective steps toward a tangible collective future whereby the individual functions in a socially productive manner.⁶ Lack of self-esteem would be equated with the breakdown of ego synthesis and disorganization in the personality. If the child who judges himself by certain standards feels that he doesn't measure up successfully, esteem may suffer.

⁵Virginia Satir, "Self-Worth: The Pot that Nobody Watches." Etcetera, 1970, Vol. 12, 22.

⁶Erik Erikson, Identity: Youth and Crisis. (New York: Norton, 1968), 68.

The child seeks to find success in other areas and may exhibit anti-social characteristics to gain acceptance and increase feelings of self-worth.⁷

Erikson believes that self-esteem is tied directly into identity formation. The psychologically healthy human being is one who has developed a firm sense of identity. Erikson implies that each human being has a need to feel special and this need presumably arises out of the "unconscious striving for continuity of experience."⁸ If this continuity is disrupted and the individual's sense of specialness is impaired, then identity formation and feelings of self-worth may be injured.

Study suggest that adolescents who come from emotionally impoverished home settings are more apt to develop feelings of inferiority and prone to lower self-esteem.⁹ These individuals may seek out maladaptive means to a heightened sense of self-worth thus creating trouble for themselves. Delinquent behaviors may be a resultant. Often intervention will take place in an effort to correct the maladaptive behaviors and to improve self-esteem.

⁷Ibid., 208.

⁸Ibid., 173.

⁹R. Strang, The Adolescent Views Himself. (New York: McGraw-Hill Book Company, 1957), 92.

According to Coopersmith's study, he was able to identify or infer evidence of the importance of self-esteem from the psychological literature. The study showed that people seeking psychological help frequently acknowledged their feelings of inadequacy and unworthiness. These people see themselves as helpless and inferior-incapable of improving their situations and lacking the inner resources to tolerate or reduce readily around by everyday events and stress.¹⁰

Other studies reveal that persons whose performance does not match their personal aspirations evaluate themselves as inferior, regardless of their high attainments.¹¹ Motivational research strongly suggests that the striving after social status and social approval stems from the desire to maintain a positive self-esteem. Experimental studies indicate that a person with low self-esteem is less capable of resisting pressures to conform¹² and is less able to perceive threatening stimuli. They further indicate that a person with high self-esteem maintains a fairly constant image of his capabilities and of the distinctiveness as a person.

Coopersmith also studied the kinds of parental attitudes and practices that are associated with the development of high

¹⁰Stanley Coopersmith, The Antecedent of Self-Esteem. (San Francisco: W.H. Freeman, 1967), 103.

¹¹S.F. Fisher and S.G. Cleveland, Body Image and Personality. (Princeton, N.J., Van Nostrand, 1958), 76.

¹²R. Baumeister, Self-Esteem: The Puzzle of Low Self-Regard. (New York: Plenum Press, 1993), 214.

levels of self-esteem in preadolescent boys. The findings from this study suggest that firm, competent and warm parenting tends to be associated with the development of high self-esteem. By providing well defined limits, the parents structure their children's world so that the children have effective standards by which to gauge the appropriateness of their behaviors.¹³ On the whole, other researchers confirmed Coopersmith's findings that warm and accepting parenting tends to be associated with children who have high self-esteem.

In developing the original model of self-esteem, two historical scholars of self, James and Cooley were looked upon. James' global research of self-esteem was captured by the ratio of one's successes to one's pretensions. According to this formation, individuals do not scrutinize their every action or attribute; rather, they focus primarily on ability in domains of importance, where one has aspirations to succeed.¹⁴ Thus if one perceives oneself as competent in domains where one aspires to excel, one will have high self-esteem. Conversely, if one falls short of the ideal by being unsuccessful in domains where one aspires to be competent, low self-esteem will result. James clearly asserted that for the low esteem individual, there are two routes to self-esteem enhancement: either raise one's level

¹³J.W. Zanden, Human Development. 5th ed. (New York: McGraw-Hill, Inc., 1993), 339.

¹⁴R. Reasoner, Building Self-Esteem. (Palo Alto: Consulting Psychologist Press, 1982), 88.

of competence or lower one's aspirations.¹⁵ Both of these serve to reduce the discrepancy between competence and importance, which should, in turn, increase one's level of self-esteem.

In contrast to James, Cooleys' research focused primarily on the individual's cognitive evaluation of his or her adequacy. Cooley postulated that the origins of self-esteem were primarily social in nature, and he adopted the mirror metaphor in describing his concept of the "looking-glass self."¹⁶ For Cooley, the self was constructed by casting one's gaze into the social mirror to ascertain the opinions of significant others toward the self. These opinions, the reflected appraisals of others, were then incorporated as the self. From such a perspective, if others hold the self in high regard, one's own sense of self-esteem will be high. Conversely, if others have little regard for the self, one will incorporate these negative opinions in the form of low self-esteem.

Thus, Cooley's looking-glass self model on the origins of self-esteem appears to be clearly documented with regard to the link between one's perceptions of the approval of others and one's self-esteem.¹⁷ Overall, if an individual takes advantage of the opportunity for change in the structured

¹⁵Ibid., 89.

¹⁶Ibid., 99.

¹⁷Ibid., 99.

environment of a treatment community, then self-esteem may rise accordingly.

In Brockner's research, he noted that people with low self-esteem are also more susceptible to influence attempts, anxiety-provoking stimuli, and evaluatively neutral stimuli such as suggestibility, expectancy, and self-focus manipulations.¹⁸ Combining this evidence with the reactions to feedback results, he concluded that the empirical self-esteem literature was best characterized as revealing a pattern of "low self-esteem plasticity" that is, people low self-esteem are generally more susceptible to self relevant social cues than high self-esteem people.

Brown and Harris suggested that vulnerability factors operate by creating feelings low self-esteem and lack of mastery.¹⁹ This feeling of hopelessness, of believing that you are unable to control your fate, makes a person less able to deal with stressful life events. This lead some to postulate a "learned helplessness."

¹⁸A. Ellis and R. Harper, A New Guide to Rational Living. (California: Wilshire Book Company, 1976), 127.

¹⁹A Spicer, Adolescence and Stress. (London: Forbes Publication, 1977), 162.

Residential Treatment

Josselyn notes that typical adolescent behavior may include unpredictability, competitive struggling, and testing of limits.²⁰ The adolescent who is experiencing uncertainties, conflicting emotions, and ambiguity about roles, does not need the added burden of an environment or structure that consists of ambiguities, and uncertainties.²¹

This is the reason structure is important in the treatment of adolescents.

Research has shown that intensive milieu programs significantly benefit nonchronic patients.²² In a therapeutic community, as few restraints as possible are placed on the patients' freedom, and the orientation is toward encouraging patients to take responsibility for their behavior and to participate actively in their treatment program.²³ Open units permit patients to use the grounds and premises. All hospital personnel are expected to treat the patients as human beings who merit consideration and courtesy.

Inherent in a successful therapeutic community, especially when treating troubled adolescents, is structure.

²⁰I. Josselyn, The Adolescent and His World. (New York: Random House, 1957), 232.

²¹Ibid., 233.

²²R. Carson and James Butcher, Abnormal Psychology and Modern Life. (New York: Harper-Collins Publishers, Inc., 1992), 683.

²³Ibid., 683.

Stanton and Schwartz emphasized the importance of structure in the environment when treating behaviorally disordered adolescents as supporting and complementing other forms of therapy.²⁴ They stated that structure may be viewed as a facilitator in the treatment of the adolescent. Since adolescence is a period of inner turmoil, they need to know what is expected and why. The rules constitute a means and not an end in the treatment process. This provides a foundation for behavior change and is used as a reference point to delineate what is acceptable and what is not. A definite pattern of organization is imperative when treating the adolescent.

In a study by Vogel and Brown, adolescent self-esteem was measured in regard to the treatment of delinquent behavior.²⁵ The authors tested six groups of teenage delinquents at six different correctional facilities. The Tennessee Self-Concept Scale was administered on a pre and post test basis to measure the effectiveness of program intervention. Only two of the six groups showed a significant change in self-esteem measurements. The authors concluded that rehabilitative services of a long term nature (one year or longer) have

²⁴A Stanton and M. Schwartz, The Mental Hospital. (New York: Atherton Press, 1962), 8.

²⁵S. Brown and R. Vogel, " Self-Concepts in Juvenile Correctional Programs: Implications for Program Design and Evaluation." Journal of Offender Counseling, Services, and Rehabilitation, 1982. Vol. 7(2), 45.

greater prospects for success when treating teenage delinquency.²⁶ The researchers also concluded that data are rarely collected to test either the effectiveness of programs or their theoretical assumptions.

In psychiatric institutions, there exist various types of treatment structures for the adolescent. The mental hospitals are using techniques that are being supplemented by efforts to make the hospital environment itself the "therapeutic community."^{27 28 29} That is all of the hospital activities are brought into the total treatment program, and the environment or milieu, becomes a crucial aspect of the therapy. The therapeutic community concept is based on the notion that the hospital environment itself can be used for therapeutic purposes.³⁰ The environment affects human behavior and can change the way people think and feel.

Programs have been developed for use in a residential treatment for "troubled" adolescents. "Troubled" in the hospital milieu refer to depressed, chronically anxious, suicidal, impulsive, and traumatized adolescents, whose

²⁶Ibid., 58-59.

²⁷M. Jones, Beyond the Therapeutic Community: social Learning and Social Psychiatry. (New Haven: Yale University Press, 1953), 32.

²⁸Ibid., 32.

²⁹Ibid., 32.

³⁰M. Jones, "The Concept of a Therapeutic Community." American Journal of Psychiatry, 1956. Vol. 112, 647.

problems have led to symptoms that have become so disturbing that they can no longer be ignored or treated in an outpatient setting.³¹ Most of these adolescents have made suicide attempts, severely abused drug and alcohol, physically fought with family members, constantly run away or been truant from school, engaged in self-destructive, sexual promiscuity etc. as a result of low self-esteem.

THEORETICAL FRAMEWORK

There are several theories that include self-esteem as a significant variable. The Neo-Freudians; particularly Sullivan, Horney, and Fromm- are highly attentive to the importance of self-esteem but they treat it as a separate topic rather than one central to their own theories.³² The work of such ego psychologists as Hartman, Erikson, and Jacobson is clearly related to self-esteem, but the relationship is indirect and carries a heavy superstructure of unrelated assumptions.

Formulations by James, Mead, and Cooley remain among the most cogent on the topic of self-esteem. However, their context is limited and generally not specifically directed toward the investigation of self-esteem.

³¹J. Mayer, "Combining Psychodynamic and Behavioral Treatment Approaches in the Treatment of Hospitalized Adolescents." Adolescence, 1985. Vol. 20(80), 783.

³²Stanley Coopersmith, The Antecedents of Self-Esteem. (San Francisco: W.H. Freeman, 1967), 27.

It appears that there is no single theoretical framework in which self-esteem can be considered without accepting a number of vague and often unrelated assumptions. It is therefore necessary to develop a context from more specific, topical treatments and to integrate these and other concepts into a coherent and testable theory.³³

This study will view self-esteem from a cognitive ecological approach. This approach is ecological in that we view people in situation, viewing behavior as being a product of person-situation interaction. It is cognitive in recognizing that people shape their environment by constructing and understanding of that environment, and then responding within that framework. This study will also incorporate the psychoanalytic theory which focuses on those mental and emotional processes that shape the human personality.

STATEMENT OF HYPOTHESIS

There will be no significant statistical difference in levels of self-esteem among adolescents receiving residential treatment.

TERMS AND DEFINITIONS

Adolescent: a person between the age of twelve and under eighteen.

³³I Yalom, The Theory and Practice of Group Psychotherapy. (New York: Ballantine Book, 1975), 302.

Residential Treatment: an institution that provide long term psychiatric care to patients while residing.

Self-esteem: an emotion based on one's individual sense of personal worth and importance toward self.

Learned Helplessness: a generalized expectancy that events are independent of one's own responses.³⁴

Therapeutic Milieu: a form of psychosocial therapy in which the entire facility is regarded as a therapeutic community, and the emphasis is on developing a meaningful and constructive environment in which the patients participate in the regulation of their own life.³⁵

Suicide: the taking of one's own life.

Depression: an extraordinary feeling of sadness.

Juvenile Delinquency: individuals under the age of 16, 17, or 18 (depending on state law) who commit illegal acts.

Maladaptive Behavior: behavior other than the "norm."

³⁴J.W. Zanden, Human Development. 5th ed. (New York: McGraw-Hill, Inc., 1993), 62.

³⁵R. Carson and James Butcher. Abnormal Psychology and Modern Life. (New York: Harper-Collins Publishers, Inc., 1992), 613.

CHAPTER THREE

METHODOLOGY

Research Design

The goal of this study is to explore the major determinants of the levels of self-esteem in adolescents in residential treatment.

This study is an exploratory design. It is exploratory because little is known about the many determinants in the level of self-esteem of adolescents in residential treatment. Rubin and Burch describes an exploratory study as a process by which the researcher is examining a new interest, when the subjects of study is relatively new and unstudied.¹ It is also described as involving a researcher who seeks to test the feasibility of undertaking a more careful study or wants to develop the methods to be used in a more careful study.

Sampling

A non-probability judgemental/purposive sample was used for this study. According to Horowitz, a non-probability sample consist of individuals who were willing to respond to the researcher's questionnaire.² A judgemental/purposive sample involves the researcher selecting the units to be

¹Allen Rubin and Earl Babbie, Research Methods for Social Work, 2nd ed. (California: Brooks/Cole Publishing Co., 1993) 221.

²Ibid., 233.

observed on the basis of your own judgement about which one will be the most useful or representative.

The sample was composed of a combined total of thirty male and female adolescents between the age of 12 and under 18 living in residential treatment. The adolescents are from Charter Behavioral Health Systems at Laurel Heights Hospital located in Atlanta, Georgia.

Data Collection

The data for this study was obtained through a twenty five item questionnaire pertaining to self-esteem. The questionnaire was designed by Walter Hudson. Before administering the questionnaire, the purpose and goals were given and confidentiality was ensured. Clear instructions for completing the questionnaire were also provided.

The Index of Self-Esteem (ISE) was designed to measure the degree, severity, or magnitude of a problem the client has with self-esteem. The adolescents for the study completed the questionnaire in the day-room during goals group.

Permission to administer the questionnaire was given by the Clinical Director of the adolescent program at Charter Behavioral Health Systems at Laurel Heights Hospital.

Data Analysis

The data was analyzed by using the SPSS batch system at Clark Atlanta University.

CHAPTER FOUR

PRESENTATION OF RESULTS

The following are the results of the Index of Self-Esteem (ISE) questionnaire administered to explore the levels of self-esteem in adolescents receiving residential treatment.

TABLE 1

Statement 1. I feel that people would not like me if they really knew me well.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	14	46.7
little time	6	20.0
some time	4	13.3
good part	3	10.0
most time	2	6.7
	1	3.3 Missing

Mean: 2.06

Standard Deviation:1.30

Table 1. indicate 46.7% or 14 participants responded rarely; 20.0% or 6 participants responded little of the time; 13.3% or 4 participants responded some of the time; 10.0% or 3 participants responded a good part of the time; 6.7% or 2 participants responded most or all of the time; and 3.3% or 1 participant did not respond to the statement I feel that people would not like me if they really knew me well.

TABLE 2

Statement 2. I feel that others get along much better than I do.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	10	13.3
little time	5	16.7
some time	6	20.0
good part	6	20.0
most time	3	10.0

Mean: 2.56

Standard Deviation: 1.40

Table 2 indicate 33.3% or 10 participants responded rarely; 16.7% or 5 participants responded little of the time; 20.0% or 6 participants responded some of the time and a good part of the time; and 10.0% or 3 participants responded most of the time to the statement I feel that others get along much better than I do.

TABLE 3

Statement 3. I feel that I am a beautiful person.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	4	13.3
some time	5	16.7
good part	7	23.3
most time	10	33.3

Mean: 2.56

Standard Deviation: 1.43

Table 3 indicate 13.3% or 4 participants responded rarely and a little of the time; 16.7% or 5 participants responded some of the time; 23.3% or 7 participants responded a good

part of the time; and 33.3% or 10 participants responded most of the tie to the statement I feel that I am a beautiful person.

TABLE 4

Statement 4. When I am with other people I feel they are glad I am with them.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	5	16.7
little time	1	3.3
some time	11	36.7
good part	5	16.7
most time	8	26.7

Mean: 3.33

Standard Deviation: 1.37

Table 4 shows that 16.7% or 5 participants answered rarely and a good part of the time; 3.3% or 1 participant answered a little of the time; 36.7% or 11 participants answered some of the time; and 26.7% or 8 participants answered most of the time to the statement when I am with other people I feel they are glad I am with them.

TABLE 5

Statement 5. I feel that people really like to talk with me.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	6	20.0
some time	5	16.7
good part	9	30.0
most time	6	20.0

Mean: 3.23

Standard Deviation: 1.35

Table 5 indicate 13.3% or 4 participants responded rarely; 20.0% or 6 participants responded a little of the time and most of the time; and 16.7% or 5 participant responded some of the time; and 30.0% or 9 participants responded a good part of the time to the statement I feel that people really like to talk with me.

TABLE 6

Statement 6. I feel that I am a very competent person.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	3	10.0
some time	9	30.0
good part	7	23.3
most time	7	23.3

Mean: 3.33

Standard Deviation: 1.32

Table 6 indicate 13.3% or 4 participants responded rarely; 10.0% or 3 participants responded little of the time; 30.0% or 9 participants responded some of the time; 23.3% or

7 participants responded a good part of the time and most of the time to the statement I feel that I am a very competent person.

TABLE 7

Statement 7. I think I make a good impression on others.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	9	30.0
little time	3	10.0
some time	8	26.7
good part	5	16.7
most time	5	16.7

Mean: 2.80

Standard Deviation: 1.47

Table 7 show 30.0% or 9 participants responded rarely; 10.0% or 3 participants responded a little of the time; 26.7% or 8 participants responded some of the time; and 16.7% or 5 participants responded a good part of the time and most of the time to the statement I think I make a good impression on others.

TABLE 8

Statement 8. I feel that I need more self-confidence.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	9	30.0
little time	8	26.7
some time	2	6.7
good part	7	23.3
most time	4	13.3

Mean: 2.63

Standard Deviation: 1.47

Table 8 indicates 30.0% or 9 participants answered rarely; 26.7% or 8 participants answered a little of the time; 6.7% or 2 participants answered some of the time; 23.3% or 7 participants answered a good part of the time; and 13.3% or 4 participants answered most of the time to the statement I feel that I need more self-confidence.

TABLE 9

Statement 9. When I am with strangers I am very nervous.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	4	13.3
some time	6	20.0
good part	6	20.0
most time	8	26.7
	2	6.7 Missing
Mean: 3.35		
Standard Deviation: 1.42		

Table 9 indicate 13.3% or 4 participants responded rarely and little of the time; 20.0% or 6 participants responded some of the time and a good part of the time; 26.7% or 8 participants responded most of the time and 6.7% or 2 participants did not respond to the statement when I am with strangers I am very nervous.

TABLE 10

Statement 10. I think I am a dull person.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	13	43.3
little time	8	26.7
some time	5	16.7
good part	1	3.3
most time	2	6.7
	1	3.3 Missing
Mean: 2.0		
Standard Deviation: 1.19		

Table 10 indicates 43.3% or 13 participants responded rarely; 26.7% or 8 participants responded a little of the time; 16.7% or 5 participants responded some of the time; 6.7% or 2 participants responded most of the time; and 3.3% or 1

participant responded a good part of the time and did not respond to the statement I think I am a dull person.

TABLE 11

Statement 11. I feel ugly.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	16	53.3
little time	6	20.0
some time	2	6.7
good part	2	6.7
most time	3	10.0
	1	3.3 Missing

Mean: 1.96

Standard Deviation: 1.37

Table 11 indicate that 53.3% or 16 participants responded rarely; 20.0% or 6 participants responded little of the time; 6.7% or 2 participants responded some of the time and good part of the time; 10.0% or 3 participants responded most of the time; and 3.3% or 1 participant did not respond to the statement I feel ugly.

TABLE 12

Statement 12. I feel that others have more fun than I do.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	10	33.3
little time	6	20.0
some time	4	13.3
good part	6	20.0
most time	2	6.7
	2	6.7 Missing

Mean: 2.42

Standard Deviation: 1.37

Table 12 indicate 33.3% or 10 participants responded rarely; 20.0% or 6 participants responded little of the time and good part of the time; 13.3% or 4 participants responded

some of the time; and 6.7% or 2 participants responded most of the time and did not respond to the statement I feel that others have more fun than I do.

TABLE 13

Statement 13. I feel that I bore people.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	11	36.7
little time	6	20.0
some time	6	20.0
good part	2	6.7
most time	3	10.0
	2	6.7 Missing

Mean: 2.28

Standard Deviation: 1.35

Table 13 indicate 36.7% or 11 participants responded rarely; 20.0% or 6 participants responded little of the time and some of the time; 6.7% or 2 participants responded good part of the time or did not respond; and 10.0% or 3 participants responded most of the time to the statement I feel that I bore people.

TABLE 14

Statement 14. I think my friends find me interesting.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	3	10.0
little time	5	16.7
some time	10	33.3
good part	5	16.7
most time	5	16.7
	2	6.7 Missing
Mean: 3.14		
Standard Deviation: 1.23		

Table 14 indicate 10.0% or 3 participants responded rarely; 16.7% or 5 participants responded little of the time, good part of the time and most of the time; 33.3% or 10 participants responded some of the time; and 6.7% or 2 participants did not respond to the statement I think my friends find me interesting.

TABLE 15

Statement 15. I think I have a good sense of humor.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	3	10.0
little time	4	13.3
some time	4	13.3
good part	8	26.7
most time	9	30.0
	2	6.7
Mean: 3.57		
Standard Deviation: 1.37		

Table 15 indicate 10.0% or 3 participants responded rarely; 13.3% or 4 participants responded little of the time and some of the time; 26.7% or 8 participants responded good part of the time; 30.0% or 9 participants responded most of

the time; and 6.75 or 2 participants did not respond to the statement I think I have a good sense of humor.

TABLE 16

Statement 16. I feel very self-conscious when I am with strangers.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	6	20.0
some time	6	20.0
good part	4	13.3
most time	7	23.3
	3	10.0
Mean: 3.14		
Standard Deviation: 1.43		

Table 16 indicate 13.3% or 4 participants responded rarely; 20.0% or 6 participants responded little of the time and some of the time; 13.3% or 4 participants responded good part of the time; 23.3% or 7 participants responded most of the time; and 10.0% or 3 participants did not respond to the statement I feel very self-conscious when I am with strangers.

TABLE 17

Statement 17. I feel that if I could be like other people I would have it made.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	11	36.7
little time	5	16.7
some time	9	30.0
good part	1	3.3
most time	2	6.7
	2	6.7 Missing
Mean: 2.21		
Standard Deviation: 1.22		

Table 17 show 36.7% or 11 participants responded rarely; 16.7% or 5 participants responded little of the time; 30.0% or

9 participants responded some of the time; 3.3% or 1 participant responded good part of the time; and 6.7% or 2 participants responded most of the time and did not respond to the statement I feel that if I could be like other people I would have it made.

TABLE 18

Statement 18. I feel that people have a good time when they are with me.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	3	10.0
little time	4	13.3
some time	9	30.0
good part	7	23.3
most time	5	16.7
	2	6.7 Missing

Mean: 3.25

Standard Deviation: 1.23

Table 18 indicate 10.0% or 3 participants responded rarely; 13.3% or 4 participants responded little of the time; 30.0% or 9 participants responded some of the time; 23.3% or 7 participants responded good part of the time; 16.7% or 5 participants responded most of the time; and 6.7% or 2 participants did not respond to the statement I feel that people have a good time when they are with me.

TABLE 19

Statement 19. I feel like a wallflower when I go out.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	4	13.3
little time	7	23.3
some time	9	30.0
good part	4	13.3
most time	3	10.0
	3	10.0
Mean: 2.81		
Standard Deviation: 1.21		

Table 19 indicate 13.3% or 4 participants responded rarely; 23.3% or 7 participants responded little of the time; 30.0% or 9 participants responded some of the time; 13.3% or 4 participants responded good part of the time; and 10.0% or 3 participants responded most of the time and did not respond to the statement I feel like a wallflower when I go out.

TABLE 20

Statement 20. I feel I get pushed around more than others.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	8	26.7
little time	5	16.7
some time	6	20.0
good part	7	23.3
most time	3	10.0
	1	3.3 Missing
Mean: 2.72		
Standard Deviation: 1.38		

Table 20 indicates 26.7% or 8 participants responded rarely; 16.7% or 5 participants responded little time; 20.0% or 6 participants responded some of the time; 23.3% or 7 participants responded good part of the time; 10.0% or 3

participants responded most of the time; and 3.3% or 1 participant did not respond to the statement I feel I get pushed around more than others.

TABLE 21

Statement 21. I think I am a rather nice person.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	2	6.7
little time	1	3.3
some time	7	23.3
good part	12	40.0
most time	7	23.3
	1	3.3 Missing
Mean: 3.72		
Standard Deviation: 1.09		

Table 21 indicate 6.7% or 2 participants responded rarely; 3.3% or 1 participant responded little time and did not respond; 23.3% or 7 participant responded some of the time and most of the time; and 40.0% or 12 participants responded good part of the time.

TABLE 22

Statement 22. I feel that people really like me very much.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely		
little time	5	16.7
some time	11	36.7
good part	6	20.0
most time	6	20.0
	2	6.7 Missing
Mean: 3.46		
Standard Deviation: 1.03		

Table 22 indicate 16.7% or 5 participants responded rarely; 36.7% or 11 participants responded some of the time; 20.0% or 6 participants responded good part of the time and

most of the time; and 6.7% or 2 participants did not respond to the statement I feel that people really like me very much.

TABLE 23

Statement 23. I feel that I am a likeable person.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	1	3.3
little time	4	13.3
some time	10	33.3
good part	4	13.3
most time	9	30.0
	2	6.7 Missing
Mean: 3.57		
Standard Deviation: 1.20		

Table 23 show 3.3% or 1 participant responded rarely; 13.3% or 4 participants responded little of the time and good part of the time; 33.3% responded some of the time; 30.0% or 9 participants responded most of the time; and 6.7% or 2 participants did not respond to the statement I feel that I am a likeable person.

TABLE 24

Statement 24. I am afraid I will appear foolish to others.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	6	20.0
little time	5	16.7
some time	6	20.0
good part	9	30.0
most time	2	6.7
	2	6.7 Missing
Mean: 2.85		
Standard Deviation: 1.29		

Table 24 indicate 20.0% or 6 participants responded rarely and some of the time; 16.7% or 5 participants responded little of the time; 30.0% or 9 participant responded good part

of the time; and 6.7% or 2 participants responded most of the time and did not respond to the statement I am afraid I will appear foolish to others.

TABLE 25

Statement 25. My friends think very highly of me.

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
rarely	3	10.0
little time	6	20.0
some time	6	20.0
good part	4	13.3
most time	9	30.0
	2	6.7 Missing
Mean: 3.35		
Standard Deviation: 1.42		

Table 25 indicate 10.0% or 3 participants responded rarely; 20.0% or 6 participants responded little of the time and some of the time; 13.3% or 4 participants responded good part of the time; and 6.7% or 2 participants did not respond to the statement my friends think very highly of me.

Demographics

TABLE 26

Statement 26. Gender

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
male	12	40.0
female	13	43.3
	5	16.7 Missing
Mean: 1.52		
Standard Deviation: .510		

Table 26 indicate 40.0% or 12 participants are males; 43.3% or 13 participants are females; and 16.7% or 5 participants did not respond to gender.

TABLE 27

Statement 27. Age

<u>Value Label</u>	<u>Frequency</u>	<u>Percent</u>
12	1	3.3
13	3	10.0
14	4	13.3
15	10	33.3
16	2	6.7
17	5	16.7
0	5	16.7 Missing

Mean: 14.96

Standard Deviation: 1.39

Table 27 indicate 3.3% or 1 participant is age 12; 10.0% or 3 participants are age 13; 13.3% or 4 participants are age 14; 33.3% or 10 participants are age 15; 6.7% or 2 participants are age 16; 16.7% or 5 participants are age 17 and did not respond to age.

CHAPTER FIVE

SUMMARY AND CONCLUSION

In summary, the data indicated that as an overall group, the adolescents at Charter Behavioral Health Systems at Laurel Heights Hospital suffer from low self-esteem. The cutting score recommended for the Index of Self-Esteem Scale (ISE) questionnaire is thirty. It should be noted that persons who obtain a score above thirty have a clinically significant problem in the area being measured, while those scoring below thirty are generally free of such problem.

Of great relevance to previous studies are the indirect indications that in children domination, rejection, and severe punishment result in lowered self-esteem. This research findings concluded that the level of self-esteem in adolescents receiving residential treatment bear no significant difference as it relates to them.

In conclusion, the results of this study suggest that self-esteem has pervasive and significant effects. This study is offered as a preliminary guideline for social workers in providing effective treatment services to meet the needs of adolescents suffering from low self-esteem who resides in residential treatment. The literature support the need for a more indepth and solid base for viewing self-esteem.

As Social workers, we must be aware of the severe effects of self-esteem. We must continue to strive to discover unique characteristics specific to self-esteem. Social Workers must

also attend to the moral of adolescents in an effort to increase their levels of self-esteem.

LIMITATIONS OF THE STUDY

In conducting this study, the following limitations were observed:

- *The population was small and limited to adolescents residing at Charter Behavioral Health Systems at Laurel Heights Hospital.
- *The time given to conduct the study was very limited.
- *The level of self-esteem among the adolescents at Charter Behavioral Health Systems at Laurel Heights Hospital was unknown prior to this study. So, it is unknown if the treatment received has affected their self-esteem thus far.

SUGGESTED RESEARCH DIRECTIONS

Little is known about the conditions and experiences that enhance or lessen self-esteem. This research presented here constitutes a small portion of the different levels of self-esteem. There is certainly implication for further study in this area.

IMPLICATION FOR SOCIAL WORK

Much interesting research lies ahead in self-esteem for skilled social workers who are seriously interested in helping to strengthen the foundation of clinical social work practice.

It should be emphasized that considerable time should be spent in dealing with the determinants of self-esteem. This is in order to establish a program which is relevant to the needs of the adolescents and which can be implemented in such a manner that enables the levels of self-esteem to increase.

We as social workers need to make a conscious effort to explain, predict, and change behavior in adolescents. Treatment is therefore dependent on social worker's perspective and will vary according to that perspective. It is the responsibility of each social worker to evaluate through the research available in our field and others the validity and reliability of the various assumptions made about the individual in the various theoretical conceptualizations and to choose treatment procedures accordingly. When social workers address these issues, social work practice can achieve the goal of helping adolescents to the fullest extent to live productive lives by increasing their levels of self-esteem.

Few would deny the controversy surrounding the effectiveness of current social work preventative services aimed at changing adolescents' behavior. Let's begin with increasing the levels of self-esteem in adolescents as a preventative method.

APPENDIX A

INDEX OF SELF-ESTEEM (ISE)

NAME _____

DATE _____

GENDER _____

AGE _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well. _____
2. I feel that others get along much better than I do. _____
3. I feel that I am a beautiful person. _____
4. When I am with other people I feel they are glad I am with them. _____
5. I feel that people really like to talk with me. _____
6. I feel that I am a very competent person. _____
7. I think I make a good impression on others. _____
8. I feel that I need more self-confidence. _____
9. When I am with strangers I am very nervous. _____
10. I think that I am a dull person. _____
11. I feel ugly. _____
12. I feel that others have more fun than I do. _____
13. I feel that I bore people. _____
14. I think my friends find me interesting. _____
15. I think I have a good sense of humor. _____
16. I feel very self-conscious when I am with strangers. _____
17. I feel that if I could be like other people I would have it made. _____
18. I feel that people have a good time when they are with me. _____
19. I feel like a wallflower when I go out. _____
20. I feel I get pushed around more than others. _____
21. I think I am a rather nice person. _____
22. I feel that people really like me very much. _____
23. I feel that I am a likeable person. _____
24. I am afraid I will appear foolish to others. _____
25. My friends think very highly of me. _____

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